

**Tackling Workforce Issues Facing Key Industry Sectors Committee**  
**Meeting Notes**  
**October 16, 2006**

*In Attendance:*

Committee Members - Jack Litzenberg, Matt Brynildson, Ken Baker, Norma Hagenow, Derek Adams, and John Hernandez

Staff - Larry Good, Donna Crudder, Vicki Enright, Chris Rosborough, Diana Carpenter, and Patty Vanaman

**Review findings of Healthcare subgroup**

A draft of the healthcare industry map was shared with members for discussion. Most of the meeting was devoted to improving clarity about the story we want to tell with the industry map. The goal is to reach a final version of the healthcare map to share with the full Council, the Governor, and other policy makers.

A key overall theme in the discussion was that the visual being used needs to be shifted in language from "Patient Centered" care to "Population Centered" -- meaning the focus needs to be on everyone, not just those currently patients of a particular part of the healthcare system.

Delivery

- ❑ Escalating shifts in the demography as baby boomers continue to age.
- ❑ Nursing homes will become a place for rehabilitation or long term care, not where you go to die.
- ❑ Acute care facilities will deal with sick or those that need care rather than provide monitoring.
- ❑ There will be more self-diagnostic care in home many things can be determined without a "body."
- ❑ Transformation needs to occur in Michigan, need to focus on person rather than place.
- ❑ Patients need a knowledge broker, someone who understands the system and can assist patients in navigating the system.
  - *Action idea: Create knowledge brokers as a pilot, could use mature nurses.*
- ❑ Michigan is graduating nurses that know how to make a bed, take a pulse, and check blood pressure. They are not trained to do critical thinking.
- ❑ In the future, focus will be on prevention. The cost of DNA profiling will come down and there will be a personal prescription for life.
- ❑ Technology will have a huge impact on healthcare
  - Medical files
  - On the workforce, many workers may not very technologically savvy.

- With introduction of new technology, the healthcare inefficiencies increase 5 – 10% because many do not know how to use the tools effectively.
- Long-term care facilities and acute care facilities' doctors will be able to "talk" to one another. Currently they all stand-alone.
- Most healthcare delivery is currently based on best thing for that episode at that moment not on long-term health and prevention.
  - Education needs to shift to a health and wellness emphasis rather than just care.

### Quality Care

Michigan has a large number of workers who are knowledgeable in quality control and lean production methods; they are primarily in the auto industry.

- How do we interest them in healthcare?
- Who will pay them while they are trained?
- Potential for huge savings if incorporating lean and quality in to health care teams. Savings can run in the 30 – 40% range. This could be a win-win using the laid off workers.
- Great opportunity for Michigan to leverage learning, knowledge, and culture from manufacturing to the healthcare industry.
- The whole cycle of care needs to be reviewed, including the processes and opportunities for systemic change. Again, Michigan has a great resource with the process engineers and folks who have undergone significant systemic changes within the auto industry.

### Other demographic trends

- Adolescent obesity.
- Nationally 75% of kids overweight stay overweight. This first generation may not live as long as their parents to do risks involved with being overweight.
- Type two diabetes is on the rise in youth today.

### Funding

- Dollars flow to disease rather than to prevention, health, and wellness.
- Health care cost in Michigan is a great burden to employers.

### Human Capital

- Person centered or population centered is a huge change from today's delivery model.
- Healthcare workers need to work in teams **and** understand what working in a team means.

## Our story

We need to tell a memorable story; we have parts of the story clear now (i.e. delivery, cost, quality).

- ❑ There are new drivers changing opportunities for population-centered healthcare.
- ❑ Quality systems learn from the auto industry how can we use technology for a broader delivery; i.e. healthcare.
- ❑ Potential for bigger problem in five years.
- ❑ Michigan is at a cost disadvantage, what does it take to create a competitive advantage in health and health system and gain productivity above anyone else.
- ❑ We treat machines better than we do our people. People are our greatest asset.
- ❑ What is the problem we are trying to solve?
  - Is it because healthcare is Michigan's biggest industry **or** because of the cost of care?
  - Answer: both dimensions make this a crucial area for change.
- ❑ A report by the United Health Foundation, *America's Health: State Health Rankings*. Michigan is ranked 29<sup>th</sup>; Minnesota is ranked 1st. Compared to Michigan, Minnesota receives three times the amount of federal funding. The indicators they looked at included technology, education, policy, and funding. For more on the report you can go to the web site <http://www.unitedhealthfoundation.org>.
- ❑ Michigan needs to focus on health and wellness.

## Next Steps

- ❑ Staff will incorporate the discussion and create a revised draft of the healthcare industry map, and circulate it to committee members for comment prior to the next committee meeting.
- ❑ Next committee meeting: December 11 from 11:00 a.m. until 1:00 p.m. at the C.S. Mott Foundation offices in Flint.
- ❑ The committee commissioned another industry futuring session, this one focused on Alternative Energy. That session will be held on Thursday, December 14, 2006, from 9:00 a.m. until 1:00 p.m. at the Mott Foundation offices. Committee members interested in attending are welcome.

